SPONSORSHIP FORM

I'm hoping to raise £	My event:
Name:	
Email address:	Postcode:

Please tick here and complete ALL the sections of the form. We can only claim money back if all sections are complete. Don't forget to check you agree with the declaration below.

		Amount	giftaid it	Date collected	Opt-in to post
ple 1	G40 2BP	£20	V	1 January 2019	





Sub total:

Please make cheques payable to: 'Blind Veterans UK'

Please return your sponsorship form to **3 Queen Square, London, WC1N 3AR**. To find out how to pay in your donations visit **blindveterans.org.uk/paying-in** or contact our team **0300 111 22 33**.

Title	Initial	Surname	House number/name (home, not work)	Postcode	Amount	giftaid it	Date collected	Opt-in to post
Ms	А	Example	1	G40 2BP	£20	V	1 January 2019	
				Sub total:				
Particip	ant's sig	nature:					Re	gistered with UNDRAISING EGULATOR
Date of	declarat	ion:	Date submitted	d to charity:			R	EGULATOR

Gift Aid declaration: If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Can we stay in touch? Our important work would not be possible without the vital gifts we receive from supporters like you. That's why we're committed to treating you with the respect you deserve and are determined to keep our Supporter Promise, which you can read at **blindveterans.org.uk/supporter-promise**.

If you have any questions or would like to change how you hear from us in the future please call us on **0300 111 2233** or email **supporter.services@blindveterans.org.uk**.

Office use only: Our reference	(ID)	Appeal
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